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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Philip J. Chea

Firm: U.S. Patent and Trademark Office
Art Unit 2153

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: June 2, 2005

Re: FLH Ref No.: 450101-03178
Serial No: 10/019,343

Number of Pages: 12
(including cover page)

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00282338

PATENT
450101-03178IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Takao Yoshimine
 Serial No. : 10/019,343
 Filed : May 20, 2002
 For : APPARATUS AND METHOD FOR PROVIDING DATA AT THE DEMAND OF A DATA PROCESSING APPARATUS (as amended)
 Examiner : Chea, Philip J.
 Art Unit : 2153

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	7	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	3	Minus	*** = 3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid , or is paid herewith .

This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$ _____ is attached, which covers the cost of additional claims _____ petition for extension of time.

Charge \$ _____ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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DeAndre Breland

Name of person signing transmittal

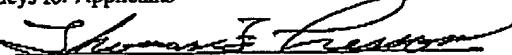
June 2, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:


 Thomas F. Presson
 Reg. No. 41,442

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 Confirmation No. : 8796

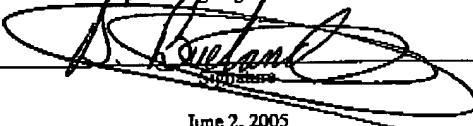
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DeAndre Breeland

Type or print name of person signing certification



June 2, 2005

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on March 10, 2005, having a three-month statutory period for response set to expire on June 10, 2005, please amend the above-identified application as follows.

PATENT
450101-03178

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks/Arguments begin on page 7 of this paper.